

Venous Thrombo-Embolism (VTE) Risk Assessment Form

Directions: 1. To be completed by Physician
2. Indicate choice when options are available by placing a check in the box

Attending Physician: _____ Diagnosis: _____
 Observation Status Admission for Inpatient Care Admit or transfer to: _____ Unit
ALLERGIES: NKA **ALLERGIC to:** _____

Immobility

<p>Medical Diagnosis</p> <input type="checkbox"/> Stroke <input type="checkbox"/> Heart Failure <input type="checkbox"/> Acute MI or MI History (Not r/o MI) <input type="checkbox"/> COPD <input type="checkbox"/> Cancer & Chemotherapy <input type="checkbox"/> Nephrotic Syndrome <input type="checkbox"/> Pneumonia <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Thrombotic abnormalities <input type="checkbox"/> Systemic Lupus <input type="checkbox"/> Infections/sepsis <input type="checkbox"/> Acute rheumatic disorders <input type="checkbox"/> Isolated lower extremity fractures <input type="checkbox"/> _____ <input type="checkbox"/> _____ <p>Other</p> <input type="checkbox"/> _____	<p>Major Surgery/Trauma:</p> <input type="checkbox"/> General surgery i.e., Elective GI, Chest <input type="checkbox"/> Gynecologic <input type="checkbox"/> Urologic <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Acute spinal injury <input type="checkbox"/> Burns <input type="checkbox"/> Trauma <p>Orthopedic Surgery</p> <input type="checkbox"/> Hip/knee <input type="checkbox"/> Hip fracture surgery <input type="checkbox"/> Spinal surgery <p>Additional Risk Factors</p> <input type="checkbox"/> Increasing age (over 40) <input type="checkbox"/> Obesity <input type="checkbox"/> History of DVT or PE <input type="checkbox"/> Pregnancy high risk (presence of one or more) - History of DVT or superficial thrombophlebitis - Documented thrombophilia - Prolonged surgery (greater than 2hrs) - Methylenetetrahydrofolate Reductase (MTHFR) deficiency <input type="checkbox"/> Estrogen use (Oral Contraceptive/HRT) <input type="checkbox"/> Smoker
---	--

(Must Check One)

 VTE Prophylaxis Not Required: No Risk Factors
 VTE Prophylaxis Not Required: Therapeutically Anti-coagulated

 VTE Prophylaxis Required: VTE Prophylaxis Order Set Implemented
 VTE Prophylaxis Required: Other Order Set Used for VTE Prophylaxis

Physician Signature: _____ **Date:** _____ **Time:** _____

Verbal Read Back

Patient Identification